

Introduction The use of patient-reported outcome measures in psychiatric practices in the United States is still in its beginning phases. More research is needed to determine the usefulness of such measures and the optimal methods to present them to patients and practitioners in routine care settings.

Objectives This presentation will describe the research plan for testing a group of patient-reported outcome measures using digital applications. Potential opportunities for use in underserved refugee populations will be presented.

Methods The outcome measures were selected from those recommended in DSM-5 Section III, including cross-cutting symptom and disability measures. A user-friendly digital application was developed for data collection, synthesis, and presentation. The research plan has three phases: focus groups with patients and clinicians, piloting of methods, and the main study, a pragmatic trial comparing treatment outcomes using outcome measurement versus usual care.

Results Results of the focus group sessions will be presented, along with changes made to the measures and the digital application in response to these results. Current status of the research project will be discussed.

Conclusions The results of this research project will bring greater clarity to questions on the role of outcome measurements in improving quality of care and patient outcomes. With ever greater use of smart phones, tablets, and personal computers, digital technology has the potential to facilitate psychiatric assessment and treatment for underserved, difficult-to-reach populations such as refugees.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.117>

Symposium: psychiatric care in Europe for people with intellectual disabilities: how to prevent abusive practices

S044

Mental health and social care regulation in Ireland: New ethical perspectives

P. Dodd

St. Michael's House/university college Dublin, psychiatry, Dublin, Ireland

This talk will outline the regulatory framework (both mental health and social care) currently in place in Ireland for people with intellectual disability (I.D.) and mental health problems, in the context of the varied nature of available mental health services. As not all aspects of service are currently under the regulatory system, potential ethical issues arise, and will be discussed.

In addition new legislation regarding the support of people with vulnerable decision making capacity will be outlined (Assisted Decision Making (Capacity) Act, 2015); potential ethical issues that are currently arising from this legislation will be explored and discussed.

Disclosure of interest The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.118>

S045

Can positive community practice models help prevent abuse?

I. Hall^{1,*}, N. O'Kane²

¹ East London NHS foundation trust, community learning disability service, London, United Kingdom

² Camden and Islington NHS foundation trust, camden learning disability service, London, United Kingdom

* Corresponding author.

All different types of abuse can happen to people with intellectual disabilities living in community setting. This can include physical abuse, including the use of restrictive practices, financial abuse by strangers but also by family and carers. They can also be victim to sexual abuse. Neglect is a relatively common concern, which is perhaps more likely in the community compared to institutional settings.

In this presentation we will discuss the fundamental balancing act between paternalism and autonomy that is so often an issue when supporting people with intellectual disabilities in the community, and how to decide where to draw the line in individual cases. We will consider a range of examples to illustrate this, including unlawful deprivation of liberty, people choosing life partners that others regard as unsuitable, why families might restrict access to services, and whether giving people more control over their care through direct payments and individual budgets can lead to financial exploitation.

Finally we will discuss potential solutions to preventing abuse including robust Safeguarding procedures, integrated working between health and social services, a program of Positive Behavioral Support, maximizing communication, promoting access to health and the recognition of mental health problems, how to disseminate training, and the importance of advocacy and regular review.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.119>

Symposium: impulsivity, compulsivity, and behavioural addictions

S046

Common neural networks between ocd and behavioural addictions: Is ocd a behavioral addiction?

G. Grassi^{1,*}, S. Pallanti²

¹ University of Florence, Neurofarba, Florence, Italy

² University of Florence, Neurofarba, Florence, Italy

* Corresponding author.

The stereotypical portrait of an obsessive-compulsive patient is an excessively self-controlled, risk averse individual that acts in order to avoid potential loss or punishments. Although this portrait fits well with several clinical studies showing increased harm-avoidance in obsessive-compulsive disorder (OCD), more recent clinical, neuropsychological and neuroimaging studies challenged this idea and described a different portrait of OCD, showing several commonalities between OCD and addictions such as impulsivity, reward dysfunction and impaired decision-making. The results of these studies conflict with the stereotypical OCD portrait of doubtfulness and risk-aversiveness. In fact, these findings are prototypical for addiction and have led some authors in the last years to view OCD as a behavioral addiction. In our recently published article, we investigated the behavioral addiction model of